



National Institute on Drug Abuse (NIDA) New York Opioid Summary

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New York Opioid Summary

Opioid-Involved Overdose Deaths

In 2017, there were 3,224 overdose deaths involving opioids in New York—a rate of 16.1 deaths per 100,000 persons compared to the average national rate of 14.6 deaths per 100,000 persons. The greatest rise occured among synthetic opioid-involved deaths (predominantly fentanyl) with 2,238 deaths reported in 2017, up from the 210 deaths in 2013 (Figure 1). Heroin-involved deaths also rose in the same four-year period from 666 deaths to 1,356 deaths. Deaths involving prescription opioids have shown a slower increase since 2013 from 859 to 1,044 cases in 2017.

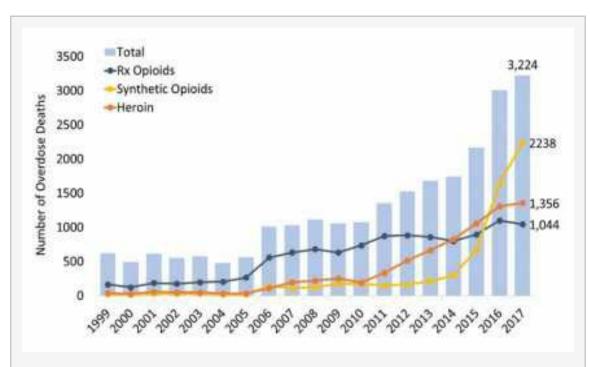


Figure 1. Number of overdose deaths involving opioids in New York, by opioid category. Drug categories presented are not mutually exclusive, and deaths might have involved more than one substance. Source: CDC WONDER.

Opioid Pain Reliever Prescriptions

In 2017, New York providers wrote 37.8 opioid prescriptions for every 100 persons (Figure 2). One of the lowest rates in the country. The average U.S. rate in the same year was 58.7 prescriptions per 100 persons (CDC).

The rate of overdose deaths involving opioid prescriptions did not significantly change from 2015-2017 with 5.1 deaths per 100,000 persons reported in 2017.

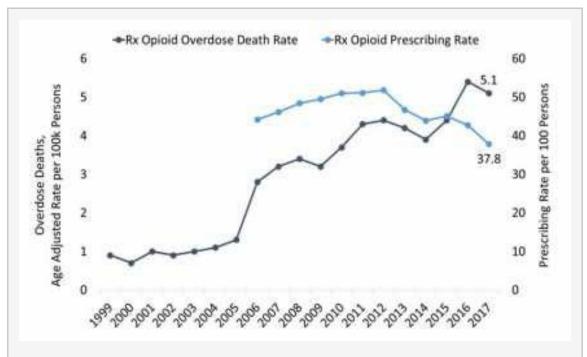


Figure 2. New York rate of overdose deaths involving prescription opioids and the opioid prescribing rate. Source: CDC and CDC WONDER.

Neonatal Abstinence Syndrome (NAS)

NAS or neonatal opioid withdrawal syndrome (NOWS) may occur when a pregnant woman uses drugs such as opioids during pregnancy. A recent national study revealed a fivefold increase in the incidence of NAS/NOWS between 2004 and 2014, from 1.5 cases per 1,000 hospital births to 8.0 cases per 1,000 hospital births. This is the equivalent of one baby born with symptoms of NAS/NOWS every 15 minutes in the United States. During the same period, hospital costs for NAS/NOWS births increased from \$91 million to \$563 million, after adjusting for inflation (Figure 3).

To date, there is no standard in NAS/NOWS provider and hospital coding practices (CDC). As a result, there is variability in trends and in the rate reported by states. The most recent data on the rate of babies born with NAS/NOWS in New York is from 2014 hospital discharge data. The rate of NAS/NOWS nearly doubled from 2.6 cases per 1,000 hospital births in 2008 to 5.8 cases per 1,000 hospital births in 2014 (New York State Maternal and Child Health Dashboard).

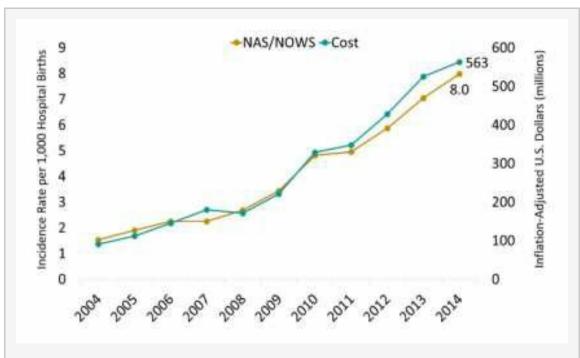


Figure 3. NAS/NOWS Incidence rate and hospital costs for treatment in the United States. Source: T.N.A. Winkelman, et al., 2018.

HIV Prevalence and HIV Diagnoses Attributed to Injection Drug Use (IDU)

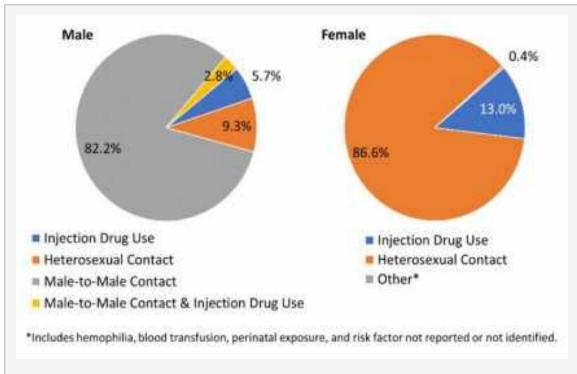


Figure 4. New York: Estimated percent of male vs. female with new HIV diagnoses, by transmission category, 2016. Source: CDC and www.AIDSVU.org.

- U.S. Incidence: In 2016, 9 percent (3,480) of the 39,589 new diagnoses of HIV in the United States were attributed to IDU. Among males, 6.3 percent (2,530) of new cases were transmitted via IDU or male-to-male contact and IDU. Among females, 2.3 percent (950) were transmitted via IDU (CDC).
- **U.S. Prevalence:** In 2016, 991,447 Americans were living with a diagnosed HIV infection—a rate of 306.6 cases per 100,000 persons. Among males, 19.9 percent (150,4661) contracted HIV from IDU or male-to-male contact and IDU while 21 percent (50,154) of females were living with HIV attributed to IDU (CDC).
- **State Incidence:** Of the new HIV cases in 2016, 2,875 occurred in New York. Among males, 8.5 percent of new HIV cases were attributed to IDU or male-to-male contact and IDU. Among females, 13.0 percent of new HIV cases were attributed to IDU (Figure 4) (AIDSVu).
- **State Prevalence:** In 2015, an estimated 128,681 persons were living with a diagnosed HIV infection in New York—a rate of 768

cases per 100,000 persons. Of those, 26.1 percent of cases among males were attributed to IDU or male-to-male contact and IDU. Among females, 29.5 percent were living with HIV attributed to IDU (AIDSVu).

Hepatitis C (HCV) Prevalence and HCV Diagnoses Attributed to Injection Drug Use¹

- **U.S. Incidence:** In 2016, there were an estimated 41,200 new cases of acute HCV² (<u>CDC</u>). Among case reports that contain information about IDU, 68.6 percent indicated use of injection drugs (<u>CDC</u>).
- **U.S. Prevalence**: An estimated 2.4 million Americans are living with HCV based on 2013-2016 annual averages (<u>CDC</u>).
- **State Incidence**: There were approximately 179 new cases of acute HCV (0.9 per 100,000 persons) reported in New York in 2016 (CDC).
- **State Prevalence**: In New York, there are an estimated 36,800 persons living with Hepatitis C (2013-2016 annual average), a rate of 900 cases per 100,000 persons (HepVu).

The National Institute of Health Funds Center of Excellence in Pain Education



New York is home to one of the eleven Centers of Excellence in Pain Education (CoEPEs): The Rochester Area Collaborative Center of

Excellence in Pain Education. The CoEPEs act as hubs for the development, evaluation, and distribution of pain management curriculum resources for medical, dental, nursing, pharmacy and other schools to improve how health care professionals are taught about pain and its treatment.

Additional Resources

- New York Department of Health, <u>Opioid-related Data in New York</u>
 State
- Centers for Disease Control and Prevention, Opioid Overdose



Find treatment in New York (SAMHSA)

Notes

- 1. Not all states collect or report data on the incidence or prevalence of Hepatitis C or on how Hepatitis C is transmitted. When available, the data will be included.
- 2. Actual acute cases are estimated to be 13.9 times the number of

reported cases in any year.